

RETURN TO U.S. MAIL

UNITED STATES MARINE CORPS
HEADQUARTERS AND SERVICE BATTALION
MARINE CORPS RECRUIT DEPOT
3800 BELLEAU WOOD AVENUE
SAN DIEGO, CALIFORNIA 92140-5199

OFFICIAL FILE COPY

BnO 5300.1

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01 JUL 1997

BATTALION ORDER 5300.1

From: Commanding Officer
To: Distribution List

Subj: STANDING OPERATING PROCEDURES FOR SUBSTANCE ABUSE CONTROL PROGRAM

Ref: (a) MCO P5300.12A
(b) DepO P5300.7 with Ch 1

Encl: (1) Client Referral Package
(2) Sample Drug and Alcohol Abuse Report (DAAR)

1. Purpose. This order promulgates guidance and instruction for the Battalion substance abuse control program. Additionally, administrative requirements inherent to screening and referring Marines are contained in this order.

2. Policy

a. Substance abuse is contrary to the effective performance of Marines, and will not be tolerated.

b. Marines determined to have used or possessed illegal drugs will be processed for administrative separation.

c. Marines who are involved in an alcohol related incident will be referred to their company SACO for initial evaluation.

d. Marines involved in either a drug or alcohol related incident will undergo the actions outlined in this order.

3. Definitions

a. Alcohol Abuse. Alcohol abuse is any irresponsible use of alcohol that adversely affects individual performance, physical or mental health, interferes with financial responsibility, deteriorates personal relationships, leads to violation of military regulations or civil law, or contributes to disorderly conduct.

b. Alcohol Dependency. Alcohol dependency is a medically recognized disease manifested by the continued abusive use of alcohol and characterized by the development of psychological

and/or physical dependency.

c. Alcohol Related Incident. An alcohol related incident occurs when, in the commander's judgment, the ingestion of alcohol was a contributing factor to an event that resulted in a violation of the UCMJ.

d. Drug Usage, Drug Related Incident. Any incident, in the commander's judgment, where the preponderance of the evidence establishes that the Marine wrongfully used, abused, possessed, manufactured, or trafficked a controlled substance, a substance (e.g. fungi), chemicals (e.g., chemicals wrongfully used as inhalants), and/or a prescribed or over-the-counter drug or pharmaceutical compound to include anabolic steroids.

4. Referral

a. A Marine identified as having a drug or alcohol related incident, will be referred to the Company Substance Abuse Control Officer (SACO).

b. The company SACO will provide the initial evaluation. Officers in charge and other supervisory personnel are essential in the evaluation process by providing specific facts surrounding any incident. The following procedures will be followed in the evaluation of Marines involved in drug or alcohol related incidents.

(1) OICs/SNCOICs must be attuned to symptoms or signs of substance abuse or dependence and must refer Marines needing assistance to the company SACO.

(2) The company SACO will screen the individual and review the Officer Qualification Record (OQR)/Service Record Book (SRB), health record, work evaluation, and any other documentation relating to substance abuse involvement. The SACO will open a case file at this time.

c. The company SACO will have the individual complete a referral package (enclosure 1). These documents are a summary of substance abuse that will give the SACO a better idea of the individual's situation. When the individual has completed the referral package, the company SACO will review it with the Marine to ensure complete, accurate information.

d. After screening the referral package with the individual, the SACO will make entries in the blocks soliciting SACO input and record interview findings. The SACO will then forward the casefile to the Depot SACC and arrange an appointment for the Marine.

e. The Depot SACC will interview the Marine and make a recommendation to the company commander.

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f. The company commander may concur or nonconcur with the recommendation. If the company commander does not concur with the recommendation, the Battalion Commander will be notified.

g. The Company SACO will coordinate all administrative requirements to get the Marine to the appropriate level of treatment.

5. Post Treatment. Once a Marine has completed all requirements of a treatment program, the overall prognosis and participation while in treatment will be noted by the treatment center in a letter to the individual's commanding officer. This same correspondence will also outline a recommended aftercare plan.

6. Aftercare Procedures

a. The Marine's commanding officer will determine an appropriate aftercare program based on specific recommendations of treatment personnel and the Depot SACC.

b. Progress reports on the individuals who have completed treatment programs will be sent to sections at 30, 60, and 90 day intervals. Progress reports will be completed by the Marine and the officer in charge. Progress reports will be returned to the Depot SACC via the company SACO.

7. Reporting Requirements. Drug and Alcohol Abuse Report (DAAR), OPNAV 5350-2 (enclosure (2)), is a machine readable form developed by the Navy to replace previous message, letter, and speedletter formats. This form is important to provide additional information for program management, tracking Marines through the rehabilitation process and their subsequent military careers, and report overall program effectiveness. Information required for submission of the DAAR is sensitive information and should be treated as such.

a. The company SACO completes the DAAR.

b. The company commander will sign the DAAR.

c. Submit a report for all confirmed drug and alcohol abuse incidents.

d. Submit a DAAR after all evaluations and command disciplinary actions are completed. The following time frames apply:

(1) Within 30 days after receiving an incident related confirmed urinalysis test result.

(2) Within 30 days after civilian arrest or military apprehension for DUI/DWI.

(3) Within 30 days for all other drug or alcohol related incidents.

e. Submit the DAAR within the time frame and indicate "unknown, not determined, or not available" where appropriate when command action is delayed or incomplete. Submit an amendment when this information becomes available.

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f. For specific guidance on filling in the blocks of the DAAR, refer to reference (a).

8. Case File Administration. Case files will be maintained by the SACO on Marines involved in alcohol related incidents. Case files should consist of two sections, a document section and a chronological log.

a. Document section. One copy of all documents pertaining in any way to the Marine's alcohol abuse/alcoholism will be filed, in chronological order, with the most recent incident on top. Examples of appropriate documents are PMO Incident/Complaint Reports, copies of duty log pages, emergency room reports; breath/blood analysis reports; records of treatment assignment and completion; and appropriate portions of medical diagnosis, treatment, and prognosis records. At a minimum, the document section shall contain a Privacy Act Form, signed by the Marine, which will always be the top document in this section.

b. Chronological Log. This is the most important part of an effective and useful case file. The document section substantiates information in this section. Entries must be thorough, detailed, and frequent enough to enable a new SACO, commanding officer, and treatment personnel to become familiar with a Marine's case. An entry should be made for every event which could be an indication of abuse or which could reflect the Marine's progress or decline. Active case files (12 months since last incident or release from residential treatment to include aftercare) should reflect weekly contact between the Marine and the SACO. Inactive case files (all others) should reflect monthly review by the SACO. Only the SACO will make entries in case files. The sheets shall be filed in chronological order, with the most recent ones on top.

c. Case files will be established and maintained on any individual counseled or treated. Due to the sensitive and highly personal nature of the information disclosed, case files will be kept under lock and key. Case files will be maintained in ordinary file folders clearly marked "Confidential Personal Information. For use by commanding officer, the SACO, and treatment personnel only."

d. All inactive case files will be maintained for a period of one year after the Marine completes treatment or separates from the naval service. Files will be destroyed by shredding.

e. Case files which are still active when Marines are transferred to a new command or treatment facility shall be forwarded to the Depot SACC for review and forwarding to the new command.

9. Disciplinary Measures. Incidents of misconduct, substandard performance, or the inability to perform an assigned mission as a result of alcohol abuse will not be condoned, regardless of the grade or length of service of the Marine involved. Disciplinary action may be appropriate.

10. Service Record Administrative Measures

a. Any alcohol related incident will be subject to prompt and appropriate administrative action. "Alcohol related" means any incident where it is determined that the consumption of alcohol contributed to the incident.

b. All incidents of alcohol abuse will be the subject of formal command counseling with the Marine involved.

c. Charges of intoxicated driving in violation of local legal blood alcohol content (BAC) will be treated as an alcohol related incident until adjudication. Plea bargaining of intoxicated driving to a lesser offense is still an alcohol related event. All events or incidents of alcohol abuse will be the subject of formal command counseling with the Marine involved.

d. Entries in the OQR/SRB after the formal counseling session are required for a first alcohol related incident or subsequent incidents. The reported BAC level at the time of the incident, if available, will be recorded in the entry.

(1) Whenever an entry is made in the OQR/SRB, the Marine must be provided the opportunity to make a statement.

(2) A second OQR/SRB entry is required following military or civilian conviction of intoxicated driving (or driving under the influence of illegal drugs).

(3) Failure to successfully complete alcohol treatment will be documented in the OQR/SRB as a page 11 entry.

e. Sample Alcohol Abuse SRB/OQR entries:

(1) Alcohol related incident

"(Date). Counseled this date concerning my alcohol related incident, specifically, (i.e., drunk and disorderly, DWI, etc..., include blood alcohol content (BAC)). Provide specific recommendations for action; include assistance available through the Section SNCOIC, OIC, Company 1stSgt, XO, CO, Battalion SACO and Depot SACC. (If the commander plans to process the Marine for judicial or separation proceedings as a result of the incident, state that in the entry). (Include the following sentence only if the commander does not intend to process the Marine for administrative separation as a result of the incident: "I am advised that failure to take corrective action may result in administrative separation or judicial proceedings.") I was advised that within 5 working days after acknowledgment of this entry a written rebuttal could be submitted and that such a rebuttal will be filed on the document side of the service record. I choose (to) (not to) make such a statement.

_____ SNM _____ CO

(2) Conviction of DWI/DUI

"(Date). Counseled this date concerning my conviction for (enter details what, where, when, BAC). Specific recommendations for corrective action are to _____. Assistance is available through Section SNCOIC, OIC, Company 1stSgt, XO, CO, Battalion SACO, and the Depot SACC. (If the commander plans to process the Marine for judicial or separation proceedings, state that in the entry). (If the commander does not plan to process

the Marine for administrative separation add the following: "I am advised that failure to take corrective action may result in administrative separation or judicial proceedings." I am advised that within 5 working days after acknowledgment of this entry a written rebuttal could be submitted and that such a rebuttal will be filed on the document side of the service record. I choose (to) (not to) make such a statement."

_____SNM _____CO

(3) Aftercare Failure

"(Date). Counseled this date concerning my alcohol aftercare treatment failure as evidenced by (provide specific details). Provide specific recommendations for corrective actions, include assistance is available from Section SNCOIC, OIC, Company 1stSgt, XO, CO, Battalion SACO and Depot SACC. If the commander plans to process the Marine for judicial or separation proceedings, state that in the entry. If the commander does not plan to process the Marine for judicial or separation proceedings include the following: "I am advised that failure to take corrective action may result in administrative separation or judicial proceedings." I am advised that within 5 working days after acknowledgment of this entry a written rebuttal could be submitted and such a rebuttal will be filed on the document side of the service record. I choose (to) (not to) make such a statement.

f. Confirmed Incidents of Illegal Drug Use or Possession

(1) All incidents of confirmed illegal drug use or possession will be recorded in the service record.

(2) A sample drug use/possession related entry is provided.

"(Date). Counseled this date concerning my illegal drug involvement; specifically, (indicate involvement; i.e., trafficking, possession, usage and, if identified through urinalysis testing, give DOD Drug Testing Laboratory number and type of drug identified.) I am advised that processing for administrative separation for misconduct is mandatory per MCO P1900.16. I was advised that within 5 working days after acknowledgment of this entry a written rebuttal will be filed on the document side of the service record. I choose (to) (not to) to make such a statement.

11. Conduct/Proficiency Marks and Fitness Report Requirements

a. Conduct/Proficiency Marks

(1) Any drug related or alcohol related incident will be reflected in the conduct mark.

(2) The effects of drug or alcohol abuse may also be manifested in the Marine's duty proficiency and should be reflected in the Marine's proficiency mark.

b. Fitness Reports

(1) Drug Abuse. All Marines, regardless of grade, confirmed as having used or possessed illegal drugs will be processed for administrative separation for misconduct. All reporting should be deferred until the discharge date at which time an EN report will be submitted. Should the MRO be transferred pending discharge, or if the RS is departing, then the uncontroverted facts will be reported on the appropriate TR or CH report.

(2) Alcohol Abuse. A DC report is not required for all first-time alcohol related incidents or documented alcohol abuse, including Driving Under the Influence or Driving While Impaired or Intoxicated (no matter what the jurisdiction's blood alcohol content may be). First time alcohol related incidents or documented alcohol abuse will be reported on the fitness report for the next reporting occasion. A DC report is required, however, for second and subsequent occurrences! A statement as to how many previous occurrences is appropriate. If convicted by a civilian authority or by court-martial, or if nonjudicial punishment is imposed, item 17c (DISCIPLINARY) will be marked "yes" accompanied by an appropriate section C comment. If the determination of guilt is by any other military authority, e.g., a military traffic court officer, item 17b (ADVERSE) will be marked "yes" accompanied by an appropriate section C comment.

(3) Hospitalization. Periods of hospitalization of 30 days or more for the treatment of alcoholism will be reported in item 3d of the fitness report. Mandatory comments in section C will be included when alcohol abuse has affected performance. Comments about entering the Alcohol Rehabilitation Program when the situation has not affected the individual's performance are not acceptable. Failure to successfully complete a formal alcohol treatment program will be recorded in section C.

12. Separation or Retention. In most cases, a developing alcohol problem manifests itself in a series of acts of misconduct and/or steadily deteriorating performance. Often, by the time a Marine is identified, diagnosed, and ready for the appropriate treatment, the record has deteriorated to the point where administrative separation is likely; however, before deciding to separate or retain a Marine, the command should always consider all possible options and the needs of the Marine and the Marine Corps. A Marine medically diagnosed as an alcohol abuser is not dependent and is fully responsible for all actions, as that individual has the ability to control consumption of alcohol and has chosen not to do so. On the other hand, a Marine diagnosed as alcohol dependent has a disease which precludes the exercise of self-control with regard to drinking. Accordingly, the following guidelines apply to separating a Marine diagnosed as alcohol abuser/dependent.

a. A Marine diagnosed as an alcohol abuser (no dependency), who is considered not to have potential for further useful military service by the commanding officer may be processed for separation.

b. A Marine diagnosed as a chronic alcohol abuser (no dependency exists), who is considered to have potential for further useful military service, will be ordered to a treatment program. If the Marine refuses to participate in the treatment/aftercare program and/or fails to successfully complete the treatment/aftercare program, the Marine may be processed for

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discharge. If this nondependent Marine completes treatment and subsequently fails to follow the prescribed aftercare program by returning to a pattern of alcohol abuse, that Marine will be reevaluated by a substance abuse counselor (MOS 8538), diagnosed by the appropriate medical personnel and, if the second diagnosis substantiates the original diagnosis of nondependent abuse, the Marine will be processed for separation.

c. In every case where a Marine is discharged as an alcohol abuse treatment failure, that Marine will be provided in writing the name, address, and telephone number of the Veterans Administration Medical Facility (VA MedFac) with alcohol treatment capabilities nearest the place of permanent residence. Similar information should be provided to the Marine when alcohol abuse was a significant factor in the conduct on which the separation is premised. However, regardless of the type of discharge, no Marine requiring medical detoxification will be discharged until detoxification is complete.

d. A Marine diagnosed as alcohol dependent must be afforded treatment. In making the decision regarding potential for future military service, commanders will be guided by their knowledge of the disease of alcoholism; the amenability of the Marine toward treatment, recovery, and subsequent return to full and productive service.

e. Marines diagnosed as alcohol dependent will be ordered to a Navy Alcohol Rehabilitation Facility for treatment/rehabilitation. Any Marine who refuses to attend treatment, fails to participate in treatment, or does not successfully complete treatment may be processed for separation. Likewise, any Marine who successfully completes treatment and subsequently returns to uncontrolled drinking, or whose standards of performance and/or conduct remain below Marine Corps standards following treatment, and who is not considered amenable to or qualified for additional treatment, will be processed for separation.

(1) Marines processed for separation under provisions of this paragraph will be advised in writing of the name, address, and telephone number of the VA MedFac with alcohol treatment capabilities nearest their place of residence.

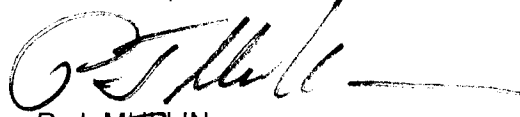
(2) Commanders will ensure that Marines requiring medically managed detoxification are afforded proper medical treatment prior to separation.

f. Those Marines diagnosed as alcohol dependent who demonstrate substandard performance and/or behavioral problems prior to formal treatment are ineligible for reenlistment for one year following completion of treatment. A one year extension of enlistment may be granted by CMC to provide the commander adequate time to observe the Marine's performance and behavior to make sure it is consistent with the current Marine Corps standards. This restriction does not apply to Marines diagnosed as alcohol dependent whose prior performance has been satisfactory.

g. Marines diagnosed as alcohol dependent who are in the last three months of active duty and are not going to be retained or reenlisted will be offered treatment at a VA Medical Facility in conjunction with their separation. Treatment at a naval medical facility is not appropriate.

13. Promotion Policy. If otherwise determined qualified by their commanding officer, Marines diagnosed and successfully treated for alcohol abuse or alcoholism will be promoted. Certificates of appointment will not be withheld solely because of current participation in an Alcohol Treatment Program.

14. Action. Section OICs and SNCOICs, Company SACOs, Company Commanders, Director, Recruiters School, and Battalion SACO will follow the procedures outlined in this order.


P. J. MUZLIN
John T. Boggs
~~R. H. ZALES~~

DISTRIBUTION: A

(LAST FIRST M. I.)

DATE: _____

COUNSELOR: _____

Confidential Client Record

FOR OFFICIAL USE ONLY

LEVEL: _____

MO EVAL DATE: _____
MHU DATE _____
LEVEL 1 COMPLETED _____
LEVEL 2 COMPLETED _____
LEVEL 3 COMPLETED _____
PRECARE FROM _____
AFTERCARE CARE _____
UPS COMPLETED _____
AA/NA/OA _____

CAUTION

...Except as authorized under subsection (b) of this section, (U. S. Code, Title 21, Sec 1175) ...any person who discloses the contents of any record referred to in subsection (a) of this section shall be fined not more than \$500 in the case of a first offense and not more than \$5000 to the case of each subsequent offense.

DRUG, ALCOHOL, AND OBESITY PROGRAM PRIVACY ACT STATEMENT

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (5 U.S.C. 552a) which requires Federal agencies to inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. Authority. 44 U.S.C. sec 3101; 5 U.S.C. sec 301; 10 U.S.C. secs 972(5), 6148; 37 U.S.C. sec 802; 38 U.S.C. sec 105; 42 U.S.C. secs 290 dd-3, 290 ee-3; 42 C.F.R. pt. 2; OPNAVINST 5350.4B
2. Principal Purposes. The information that is requested from you is intended principally to provide a basis on which to assess your use of alcohol and other drugs, or your obesity, to provide therapeutic assistance to you as required. The information you provide will become part of your record at this facility.
3. Routine Uses. In addition to their being used within the Departments of the Navy and Defense for the purposes indicated above, patient files and records may be used by commanding officers to commence administrative processing of the patient, if necessary, under OPNAVINST 5350.4B and SECNAVINST 1910.4A.
4. Confidentiality.

a. General. Federal law requires that records which contain information on the identity, diagnosis, prognosis or treatment of individuals in a substance abuse or obesity rehabilitation program are confidential and are authorized to be disclosed under limited circumstances only. Confidentiality refers to restricting access to information of a personal or sensitive nature. The prohibitions of the laws, however, do not apply to any interchange of records within or between the armed forces, or within those components of the Department of Veterans Affairs furnishing health care to veterans. The commanding officer of a member involved in a Navy or DOD alcohol or other drug abuse or obesity program has access to all confidential information disclosed by that member. The commanding officer's access, however, should be predicated on specific command-related issues involving a specific individual. The access right cannot be delegated below the level of executive officer and is subject to the limitations on disciplinary and administrative action contained in other parts of this statement. Other DOD personnel, such as authorized drug, alcohol and obesity screening, counseling, treatment, or other medical personnel who have a "need to know," are authorized access to confidential information. The development of trust and confidence is an integral part of any screening and treatment process. You must feel confident that the information you disclose regarding your alcohol and other drug involvement and/or obesity will be used to help resolve your particular situation. Drug and alcohol abuse and obesity rehabilitation personnel likewise must feel confident that the alcohol, drug and obesity information they receive and document, which they may be called upon to reveal to others, will be used to make sound decisions regarding your future relationship to the Navy.

b. Confidential Disclosures. Information disclosed in the following circumstances is considered confidential. Confidential disclosures relating to you and any evidence derived therefrom either directly or

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indirectly, may not be used against you in any disciplinary action under the UCMJ or as the basis for characterizing a discharge, provided that the information is disclosed by you in response to inquiries from authorized screening personnel or for the express purpose of seeking or obtaining counseling, treatment, or rehabilitation. Except as provided below, this information may be used to process you for "misconduct due to drug abuse" in accordance with the Navy Military Personnel Manual (MILPERSMAN) and suspension of access to classified information when you are entered into an alcohol/drug rehabilitation program, but may not be used to characterize the type of discharge. If the information was not disclosed in order to seek rehabilitation, or it relates to other misconduct, it is not confidential and MAY be used to characterize the discharge or in disciplinary proceedings if otherwise admissible. Typical confidential disclosures include:

(1) Disclosures made by you to authorized alcohol, drug abuse or obesity screening, counseling, treatment, or rehabilitation personnel, relating to your past or present drug or alcohol abuse, or drug possession incident to that use.

(2) Disclosures made at Alcoholics Anonymous, Narcotics Anonymous or Overeaters Anonymous meetings or while attending NADSAP classes. The need for anonymity as the foundation for all 12-step recovery programs is acknowledged, and all disclosures made at 12-step recovery meetings are to be treated as confidential and may not be used to process you for "misconduct due to drug abuse" in accordance with the MILPERSMAN.

(3) Communication among staff members within a program and communication between a program and a "qualified service organization" (a provider of a service to a program which has agreed in writing that it is bound by the Federal confidentiality regulations).

(4) Navy drug, alcohol and obesity rehabilitation program personnel must take every precaution to protect confidential information as described in paragraph 4.a. from unauthorized disclosure. Information pertinent to the following situations, however, must be reported via the chain of command to your commanding officer:

(a) Illegal drug usage, past or present, of which the command is not already aware;

(b) Alcohol abuse of which the command is not already aware, such as a DWI, which may warrant a higher level intervention (Level II or III);

(c) Homosexual acts as defined by MILPERSMAN 3630400;

(d) Suicidal ideation when a psychiatric referral is made by a physician or clinical psychologist; and

(e) Spouse abuse as defined in OPNAVINST 1752.2 (Family Advocacy Program).

(5) Confidentiality only applies to you, not to others identified by your disclosures.

c. Disclosures Not Confidential. Information disclosed in the following circumstances is not confidential, must be reported to your commanding officer, and may be used to process you for an other-than-honorable (OTH) discharge for "misconduct due to drug abuse" or other appropriate reason cited in MILPERSMAN chapter 36 or to take appropriate disciplinary action.

(1) Information disclosed after official questioning pursuant to any investigation or any administrative or disciplinary proceeding.

(2) Information which discloses a past crime, illegal act, or incident which places the command or any of its members in jeopardy.

(3) Information which discloses that any crime or illegal act is about to take place. Such information shall be immediately transmitted to your commanding officer (and potential victim, if any).

(4) If information which was disclosed to persons specified in paragraph 4.a. for purposes of seeking rehabilitation is later disclosed to others, it remains confidential. It may be used to process you for an administrative discharge, but may not be used to characterize the discharge.

(5) State and federal laws, as well as Navy regulations, require the reporting of disclosure of child abuse. Suspected or known child abuse must be reported to the Family Advocacy Representative (FAR) and/or civilian Child Protective Service (CPS).

d. Records of your identity, diagnosis, prognosis, or treatment which are maintained in connection with such program ordinarily should not be introduced against you in a court-martial unless relevant to the issue(s) being litigated, as determined by a military judge, or for rebuttal or impeachment purposes where evidence of drug or alcohol abuse (or lack thereof) has first been introduced by you. For release of such information to agencies other than those within the Armed Forces or to those within the Department of Veterans Affairs (DoVA) furnishing health care, see 42 USC 290dd-3 and 42 USC 290ee-3.

e. Situations Not Considered Disclosure Of Confidential Information

(1) In a bona fide medical emergency in which you are incapacitated, information needed for diagnosis and emergency treatment may be released without your consent.

(2) Information which contains no patient-identifying data.

f. Use Of Confidential Information. Commanding officers who obtain alcohol or other drug abuse information on you from authorized personnel (e.g., counselors, medical officers, etc.) may use such information only for administrative action, suspension of access to classified information, and for determining your potential for further useful service. Alcohol or drug involvement revealed in such disclosures shall not be considered additional incidents against you. It does not preclude the use of disclosed information as evidence for impeachment or rebuttal purposes in any proceeding in which alcohol or drug abuse (or lack thereof) has first been introduced by you. The use of information disclosed by you to persons

CLIENT PROFILE

Name (Last, First, Middle)		Sex	Age	Birth Date	SSN	Religion
Ethnicity	Status [] active duty [] retired [] Dependent [] Other		Marital Status [] Single [] Married [] Divorced [] Widowed [] Separated			
Education Level [] Less than high school [] High School graduate [] Some college/trade school [] College graduate [] Advanced degree						
Client Number Yr - Admits	Screening Date	Facility Code	Staff Number	Program [] Alcohol [] Drug [] Obesity	Prev TX [] Yes [] No	
Referral Type [] SACC [] Family [] SACO [] Chaplain [] Self [] Command Unit [] Other [] Medical [] ER/Detox/Tx		Referral Contact Name: Agency: Phone:			Detection Category [] Previous No. []	
Military Information						
Service: [] Marines [] Navy [] Air Force [] PHS [] Army [] Coast Guard						
Rank/Rate	MOS	EAS	Length of Service Yrs ____ Mos ____	Broken Service [] Yes [] No	Current Job	
Client Address:						
Home (Street)			City	State	Zip	Phone
Present Duty Station MCRD			City SAN DIEGO	State CA	Zip 92140	Autovon 524 -
Primary Next of Kin/Emergency Contacts						
Name		Street	City	State	Zip	Work Phone
Relationship					Home Phone	

MCRD 5355/32 (7-90)

SACC SCREENING REFERRAL

In order for SACC to provide an accurate, objective, and complete recommendation to the client's Commanding Officer, it is necessary that proper documentation concerning the individual be provided to this center.

From: (Name, Unit SACC)	Command	Phone	To: SACC
Subj: SCREENING OF (Print Name)			Rate SSN

This individual requires SACC screening because of:

Age	Date of Birth	Grade Completed	GCT	ARI	EAOS	Date Entered Active Service
Home of Record		Time in Service	Branch		Prior	Branch Dates
Supervisor (Name)		Rate	Command		TAD	Phone

How does this person get along with:

	Well	Fair	Poor	Comments
Commissioned Officer				
Staff NCO				
Non-rated personnel				
Personnel of same rate/rank				
Personnel of junior rate/rank				

How does performance compare with others of the same rate/rank

	Above	Equal	Below	Comments
Professional				
Military				

Height/Weight:

Percent Body Fat:

Discuss documentation in medical and/or service record concerning member's reports to lose weight.

Is the command planning on recommending this person for retention:

[] No poor present performance

[] No has no desire to remain in the service

Yes

Comments

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[illegible]

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ility?

[] Potential Leader

[] Follower

[] Anti-Marine Corps
Anti-Social

Anti-Social

☐ Yes, GCM

☐ Yes, SPCM

☐ Yes, SCM

[] Yes, Article 15

[] Yes, Other

[] Yes How many times? _____

ch you

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Explain any attitude or behavior changes since reporting on board:

Explain any treatment received including ~~ADCAP~~ ^{EDUCATION}, SACC, ARC, ETC. (DATE):

Explain effort individual has made to change behavior:

How long have you been this individual's supervisor?

Signature (Supervisor)

Date

UNIT SACO

Yes

No

Has SNM been advised of his/her SACC appointment and the reason for the referral to SACC?

Is SNM aware he/she must be in a clean Uniform of the Day and present this form, service record, medical record, and other documentation gathered by the Unit SACO?

Has SNM been told where he/she should report after the SACC completes the screening interview?

Have arrangements been made so that SNM has no obligations (watch, EMI, etc.) during the period of his/her scheduled screening appointment?

Unit SACO's Comments:

Unit SACO Signature

Date

DAAR

DRUG AND ALCOHOL
ABUSE REPORT

RCS OPNAV 5350-2

MEMBER'S LAST NAME

FIRST NAME

MI

RATE

NAME OF COMMAND (NTP-3 SHORT TITLE)

1. SOCIAL SECURITY NUMBER OF MEMBER										2. PERMANENT DUTY STATION UIC/RUC/RUC				3. RANK			4. BRANCH OF SERVICE		5. TYPE REPORT (Mark only one)		6. DATE OF REPORT			
<input type="radio"/> USN/ USNR <input type="radio"/> USMC <input type="radio"/> USMCR										<input type="radio"/> INITIAL REPORT <input type="radio"/> AMENDMENT <input type="radio"/> CANCELLATION		MONTH DAY YEAR <input type="radio"/> JAN <input type="radio"/> FEB <input type="radio"/> MAR <input type="radio"/> APR <input type="radio"/> MAY <input type="radio"/> JUN <input type="radio"/> JUL <input type="radio"/> AUG <input type="radio"/> SEP <input type="radio"/> OCT <input type="radio"/> NOV <input type="radio"/> DEC												
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	E	W	O	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9									

7. NATURE OF INCIDENT (Mark all that apply) <input type="radio"/> ABUSE <input type="radio"/> POSSESSION <input type="radio"/> TRAFFICKING <input type="radio"/> MANUFACTURING			8. DATE OF INCIDENT MONTH DAY YEAR <input type="radio"/> JAN <input type="radio"/> FEB <input type="radio"/> MAR <input type="radio"/> APR <input type="radio"/> MAY <input type="radio"/> JUN <input type="radio"/> JUL <input type="radio"/> AUG <input type="radio"/> SEP <input type="radio"/> OCT <input type="radio"/> NOV <input type="radio"/> DEC			9. PRIMARY SUBSTANCE OF ABUSE INVOLVED IN THIS INCIDENT (Mark only one) <input type="radio"/> ALCOHOL <input type="radio"/> MARIJUANA <input type="radio"/> COCAINE <input type="radio"/> AMPHETAMINES <input type="radio"/> CODEINE <input type="radio"/> MORPHINE <input type="radio"/> HEROIN (6MAM) <input type="radio"/> BARBITURATES <input type="radio"/> PCP <input type="radio"/> HALLUCINOGENS (LSD) <input type="radio"/> DESIGNER DRUGS <input type="radio"/> INHALANTS <input type="radio"/> ANABOLIC STEROIDS <input type="radio"/> DRUG PARAPHERNALIA <input type="radio"/> DRUG (OTHER)			10. CURRENT FREQUENCY OF ABUSE <input type="radio"/> LESS THAN MONTHLY <input type="radio"/> 1-3 TIMES PER MONTH <input type="radio"/> 1-3 TIMES PER WEEK <input type="radio"/> 4-7 TIMES PER WEEK <input type="radio"/> NOT DETERMINED <input type="radio"/> ABUSE DENIED			11. THIS DAAR DUE TO DUI/DWI ARREST? <input type="radio"/> YES <input type="radio"/> NO			12. DRUGS/ALCOHOL WHERE PRIMARILY ABUSED (Mark only one) <input type="radio"/> ASHORE-ON DUTY <input type="radio"/> ASHORE-OFF DUTY <input type="radio"/> SHIPBOARD <input type="radio"/> UNKNOWN/OTHER			13. METHOD OF IDENTIFICATION FOR THIS INCIDENT (Mark only one) <input type="radio"/> SELF REFERRAL/DISCLOSURE <u>URINALYSIS</u> <input type="radio"/> RANDOM <input type="radio"/> UNIT SWEEP <input type="radio"/> CONSensual <input type="radio"/> PROBABLE CAUSE <input type="radio"/> SERVICE DIRECTED <input type="radio"/> AFTERCARE <input type="radio"/> SURVEILLANCE <input type="radio"/> OTHER INSPECTION <input type="radio"/> FITNESS FOR DUTY <input type="radio"/> MEDICAL EXAMINATION <u>LAW ENFORCEMENT</u> <input type="radio"/> MILITARY POLICE <input type="radio"/> CIVILIAN POLICE <u>COMMAND</u> <input type="radio"/> COMMAND/SUPERVISOR <input type="radio"/> MEDICAL		
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14. SCREENED BY (Mark only one) <input type="radio"/> CAAC <input type="radio"/> MEDICAL/DENTAL <input type="radio"/> MENTAL HEALTH			15. AMENABILITY TO COUNSELING/EDUCATION/REHABILITATION <input type="radio"/> AMENABLE AND ELIGIBLE <input type="radio"/> NOT AMENABLE <input type="radio"/> NOT ELIGIBLE			16. RECOMMENDED DISPOSITION (Mark only one) <input type="radio"/> LEVEL I <input type="radio"/> LEVEL II TREATMENT <input type="radio"/> LEVEL III TREATMENT <input type="radio"/> SEPARATE FROM SERVICE VIA VA HOSPITAL <input type="radio"/> SEPARATE FROM SERVICE NOT VIA VA HOSPITAL		
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17. DETERMINATION MADE BY <input type="radio"/> PHYSICIAN <input type="radio"/> CLINICAL PSYCHOLOGIST <input type="radio"/> NOT AVAILABLE			18. CONFIRMATION OF DEPENDENCY <input type="radio"/> DEPENDENT <input type="radio"/> NOT DEPENDENT			19. AMENABILITY TO COUNSELING/EDUCATION/REHABILITATION <input type="radio"/> AMENABLE AND ELIGIBLE <input type="radio"/> NOT AMENABLE <input type="radio"/> NOT ELIGIBLE			20. RECOMMENDED DISPOSITION (Mark only one) <input type="radio"/> LEVEL I <input type="radio"/> LEVEL II TREATMENT <input type="radio"/> LEVEL III TREATMENT <input type="radio"/> SEPARATE FROM SERVICE VIA VA HOSPITAL <input type="radio"/> SEPARATE FROM SERVICE NOT VIA VA HOSPITAL		
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21. RETENTION <input type="radio"/> PROCESSING FOR SEPARATION <input type="radio"/> RETAIN UNTIL EAOS <input type="radio"/> RETAIN			22. REHABILITATION RECOMMENDATION (Mark only one) <input type="radio"/> LEVEL I NOT INCLUDING NADSAP <input type="radio"/> LEVEL I INCLUDING NADSAP <input type="radio"/> LEVEL II TREATMENT <input type="radio"/> LEVEL III TREATMENT <input type="radio"/> SEPARATE FROM SERVICE VIA VA HOSPITAL <input type="radio"/> SEPARATE FROM SERVICE NOT VIA VA HOSPITAL			23. DISCIPLINARY ACTION (MARK MOST SEVERE DISCIPLINARY ACTION TAKEN) <input type="radio"/> VERBAL WARNING <input type="radio"/> WRITTEN WARNING <input type="radio"/> NJP <input type="radio"/> SCM <input type="radio"/> SPCM <input type="radio"/> GCM <input type="radio"/> NO ACTION TAKEN			24. PRP ASSIGNMENT <input type="radio"/> REMOVE FROM PRP ASSIGNMENT <input type="radio"/> RETAIN IN PRP ASSIGNMENT <input type="radio"/> NOT APPLICABLE			25. CLEARANCE ELIGIBILITY <input type="radio"/> SECURITY CLEARANCE REVOKED OR DOWNGRADED <input type="radio"/> SECURITY CLEARANCE NOT CHANGED		
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DIRECTIONS

USE NO. 2 PENCIL ONLY

MAKE DARK MARKS THAT COMPLETELY FILL THE CIRCLE.

ERASE CLEANLY ANY ANSWER YOU CHANGE.

DO NOT MAKE ANY STRAY MARKS ON THIS FORM.

DO NOT TEAR OR FOLD THIS FORM.

The ONLY correct mark

Incorrect marks

OPNAV 5350.7 (Rev. 6/92)
S/N 0107-LF-011-8900

ENCLOSURE

27. COMPLETE MAILING ADDRESS AND TELEPHONE NUMBER OF COMMAND SUBMITTING THIS REPORT (INCLUDE DAPA'S NAME):

28. PRESENT LOCATION OF MEMBER (I.E., ONBOARD, HOSPITAL, BRIG, HOME OF RECORD, ETC.):

29. MEMBER'S PREVIOUS DISCIPLINARY HISTORY (CIVILIAN/MILITARY):

30. COMMENTS (E.G., PAST/PRESENT MILITARY WORK RECORD, POTENTIAL FOR FUTURE NAVAL SERVICE, ETC.):

31. COMMENTS AS REQUIRED BY SECOND/THIRD ECHELON COMMANDERS:

32. DISTRIBUTION:

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For field service record

and as required by the
chain of command

ENCLOSURE (2)

33. SIGNATURE OF COMMANDING OFFICER